PREFABRICATED ORTHOTICS ORDER FORM

JSB ORTHOTICS & MEDICAL SUPPLY, INC.

509 Paul Morris Drive
Englewood, FL 34223

1-800-373-5935

Date:_____/_____/_____ Acct.# _____

Acct. Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: (_____) _____

PROTHOTICS

DEVICE	CODE
Therapeutic Standard	TS
Semi-Flex Meta	SFM
Semi-Flex Full	SFF

SIZES	WOMEN'S	MEN'S
A	5 - 6.5	
B	7 - 8.5	5 - 6.5
C	9 - 10.5	7 - 8.5
D	11 - 12	9 - 10.5
E		11 - 13

ULTIMATE

DEVICE	CODE
Ultimate Unposted Meta	UUM
Ultimate Unposted Full	UUF
Ultimate Posted Meta	UPM

SIZES	WOMEN'S	MEN'S
A	5 - 6.5	
B	7 - 8.5	
E	9 - 10.5	7 - 8.5
F		9 - 10.5
G		11 - 12.5
H		13 - 14

EASY STEPS

DEVICE	CODE
Sport Standard Meta	SSM
Sport Standard Full	SSF
Sport DHC Meta	SDM
Sport DHC Full	SDF
Accommodative full	ACF

WOMEN'S	MEN'S
5	8
6	9
7	10
8	11
9	12
10	

KIDDYTHOTICS

DEVICE	CODE
KiddyThotic Meta	KM
KiddyThotic Full	KF
KiddyThotic Posted Meta	KPM
KiddyThotic Posted Full	KPF

SIZES	SHOE
Small	size 1-2
Medium	size 3-5
Large	size 6-8
X-Large	size 9-11

TOP COVERS

Length:

- ❑ Meta
- ❑ Sulcus
- ❑ Full

Material:

- ❑ None
- ❑ Vinyl
- ❑ Multi EVA

Applicable only to EASY STEP line.

ADDITION	ADD
Met Pad L	MPL
Met Pad R	MPR
Met Pad B/L	MPB
Extrinsic RF Post	ERP

CODE	SIZE	QTY	ADD

FAX: 888-875-1229 EMAIL: Michele@JSBinc.com